CAHPS 9th national USER GROUP MEETING

Experiences Using the CAHPS® Hospital Survey

AHRQ Agency for Healthcare Research and Quality

CMS

U.S. Department of Health and Human Services

CAHPS 9th national USER GROUP MEETING

Moderator:

Donna Farley, RAND

Panelists:

Tony Padilla, UCLA Medical Center

Robert Mangel, Kaiser Permanente

Brad Morton, Premier

AHRQ Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

CMS

U.S. Department of Health and Human Services

UCLA Healthcare

- Three hospital system affiliated with David Geffen School of Medicine and UCLA Medical Group
- Major clinical programs in oncology, transplant (liver, heart, kidney bone marrow) pediatrics, general medicine, ophthalmology.

Balancing Various Uses of Patient Surveys

- Ultimately, use feedback to optimize the patient experience.
- Benchmark with academic medical centers.
- Benchmark with local market hospitals
- Management and staff incentives
- State-wide public reporting (reputation) and pay for participation

“Marketing made me do it”

1985

How do we stack up against other AMC’s ?

1992

But local hospitals are our real competition

1995

Huh? This data is tied to outcomes ?

1996

“Aha! We **can** use this for PI !”

1998

“California-wide standard? Pay for Participation?”

2001

“ A national benchmark is in sight”

2004

Progress means managing measurement issues

- New purposes mean new questions, sampling models, report formats, etc.
- Trending is important at the executive level and for process improvement
- Using same questions for internal & external surveys is appreciated by our M.D.’s, RN’s…
- Overlap between old surveys and the “next generation” means manage multiple projects simultaneously

One User's Experience with PEP-C –H-CAHPS Tool

- H-CAHPS Questions measured very similar patient experiences as previous surveys.
- Mixing H-CAHPS & Picker questions on same tool, created "noise" ("which questions should we pay attention to?)
- Replacing Picker questions with H-CAHPS questions raised trending issues.

Considering new "Dimensions"

H-CAHPS does not address two UCLA priorities

"Emotional Support" While H-CAHPS questions are focus on individual provider communication, "anxieties and fears, "confidence and trust" continue to intrigue us.

"Coordination of Care"

"Tests on time", "physician in charge", complexity of systems can be big dissatisfiers in AMC's

PEP-C III Experience : Discharge Information

- H-CAHPS maintains “danger signals” question (+)
- Found the “Picker” questions to be excellent PI measures because they were specific. (danger signals, resuming usual activities, and medication information)
- Will need to supplement H-CAHPS with drill down questions about information patients need & value most.

Fielding H-CAHPS with support of the RAND PI demonstration team

- Share results, with emphasis listening to physicians, nurses etc. on “which questions / topics are missing?” to determine future “add-on questions”
- Which reports are needed ?
- Build statistical “bridges” to maintain some trending ability for executive and governing body audiences

Experiences Using the CAHPS Hospital Survey

CAHPS Users Group Meeting

December 3, 2004

Robert S. Mangel, Ph.D.

Service Quality Research

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Discussion Overview

- Quick background about Kaiser Permanente
- Overview of QI uses for HCAHPS and inpatient tracking surveys
- Examples of KP QI initiatives
  - Samples of different types of initiates—levels of investment

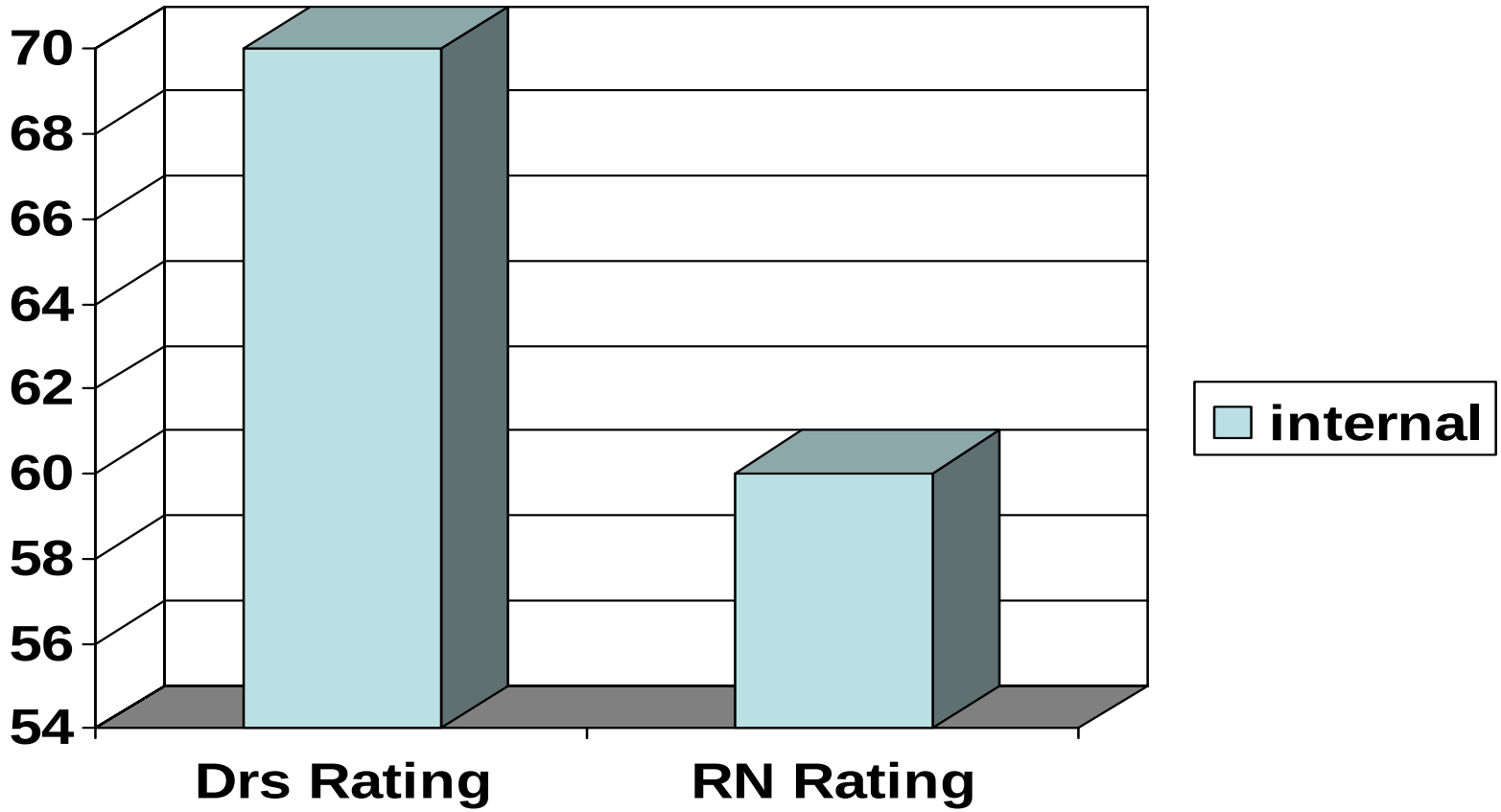
Kaiser Permanente Overview

- Integrated health care organization of > 8 million members
  - Health plan, Hospital, and Medical groups
- ~30 KP Hospitals in California
  - Using same ongoing tracking survey across CA for last three years
- Surveys used to benchmark performance, provide accountability, diagnose challenge areas

HCAHPS measurement benefits

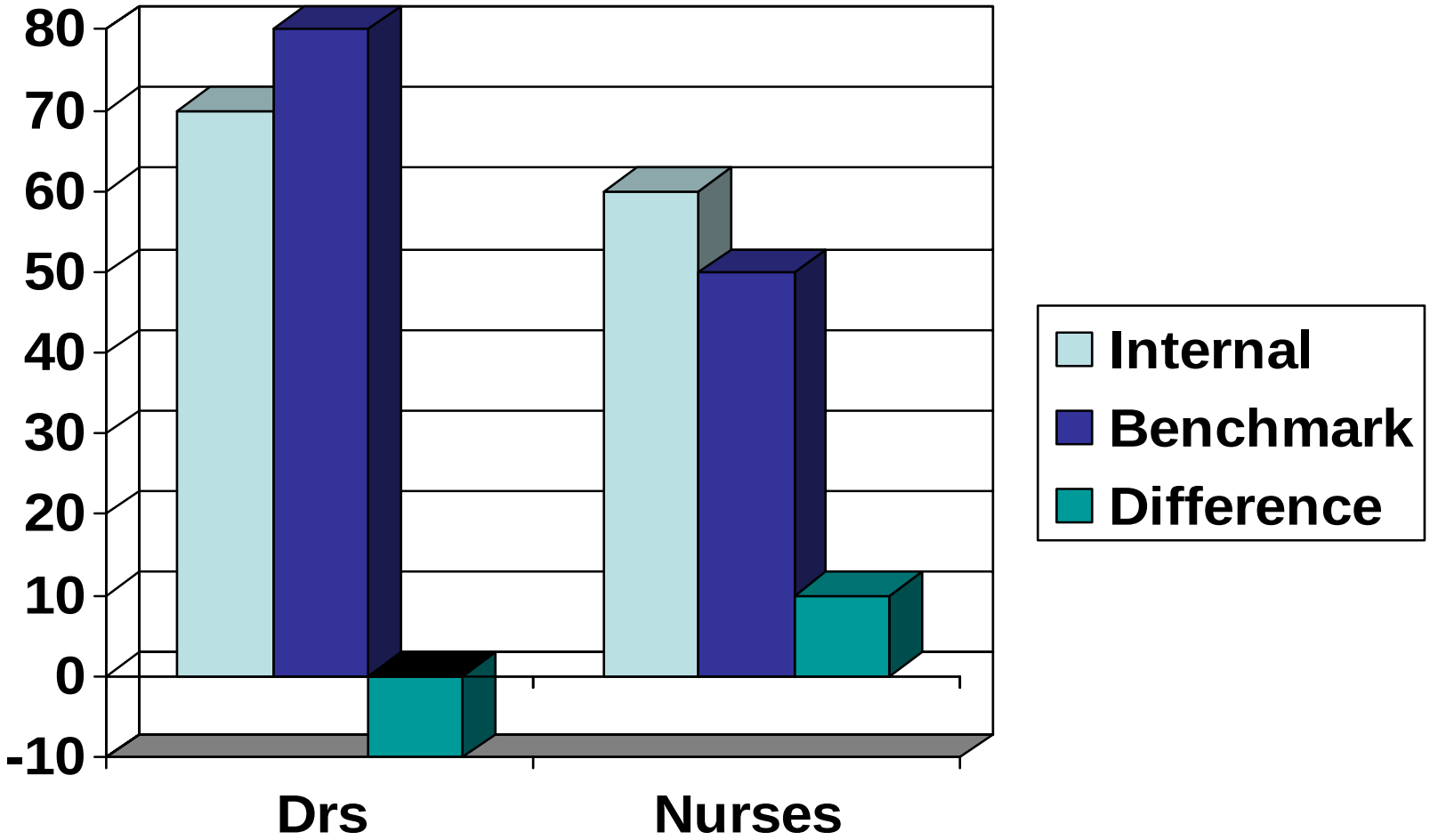
- Benchmarking
  - Apples to apples comparisons for facility performance and for individual items
    - Helpful to have one common survey across all hospitals
    - Can more quickly develop science for appropriate adjustments
- Provide confidence and guidance in targeting specific areas and for creating accountabilities

Results without benchmarks



Note: These are fictitious scores for illustration

Benchmarks: identifying focus areas

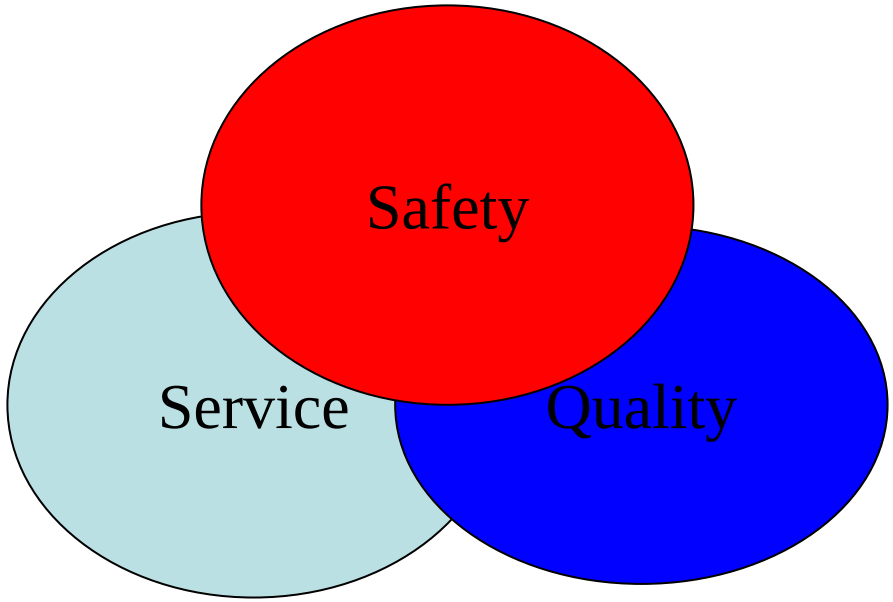


Beyond measurement

"You don't fatten a cow by weighing it"

-Old Proverb

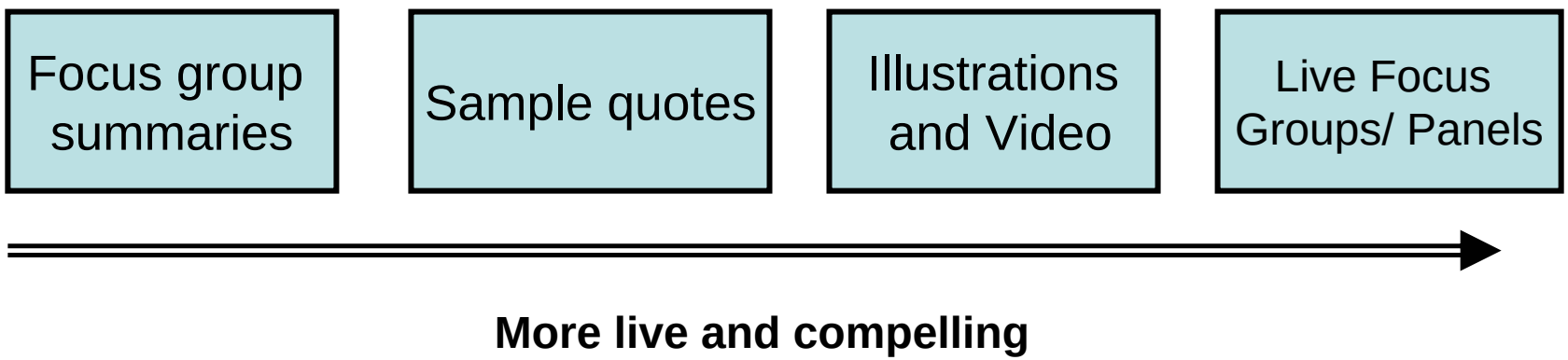
Service, Quality, and Safety



- Provider teamwork, communication skills, etc. are at the intersection of safety, service, and quality
- Work to integrate, work at intersection, where possible, rather than pull providers in too many different directions
- Surveys can measure all three areas

Qualitative efforts

- Qualitative efforts can deepen understanding of specific issues at a give facility
- Qualitative evidence is quite compelling
- The closer to live patients, the more motivating for many providers and change agents

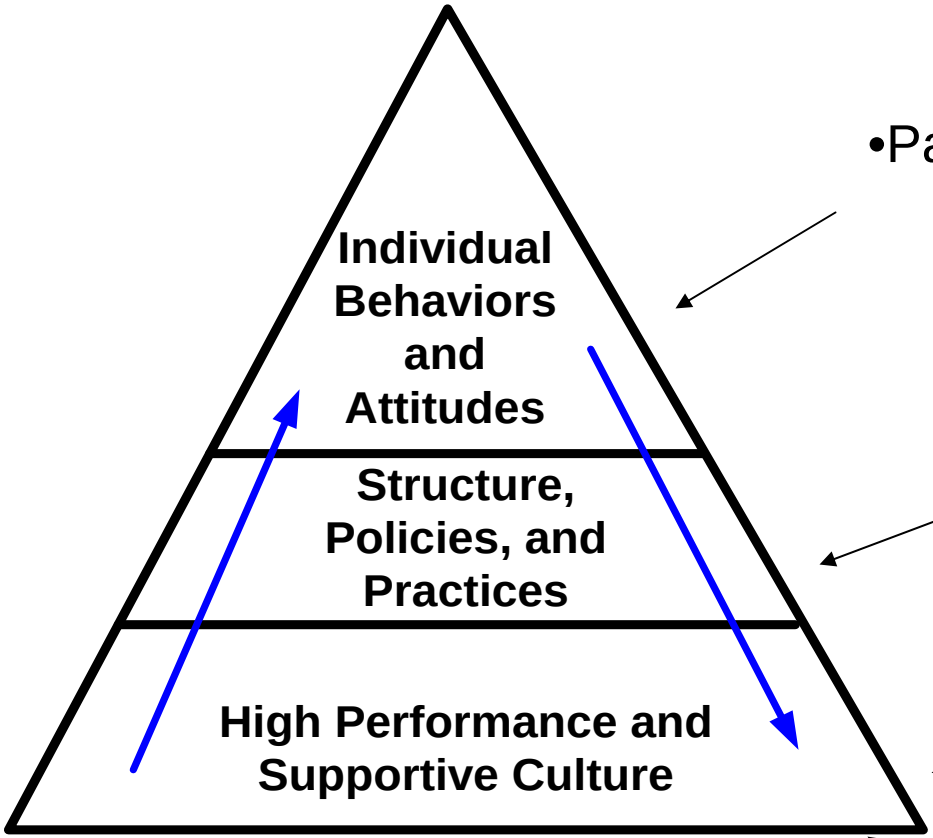


Assessing true understanding

"Before giving you new medicine, how often did the hospital staff describe possible side effects in a way you could understand?"

- Need to know whether patient understands rather than just whether the explanation was given
- Quizzes at discharge or other times can help to assess, and correct, issues

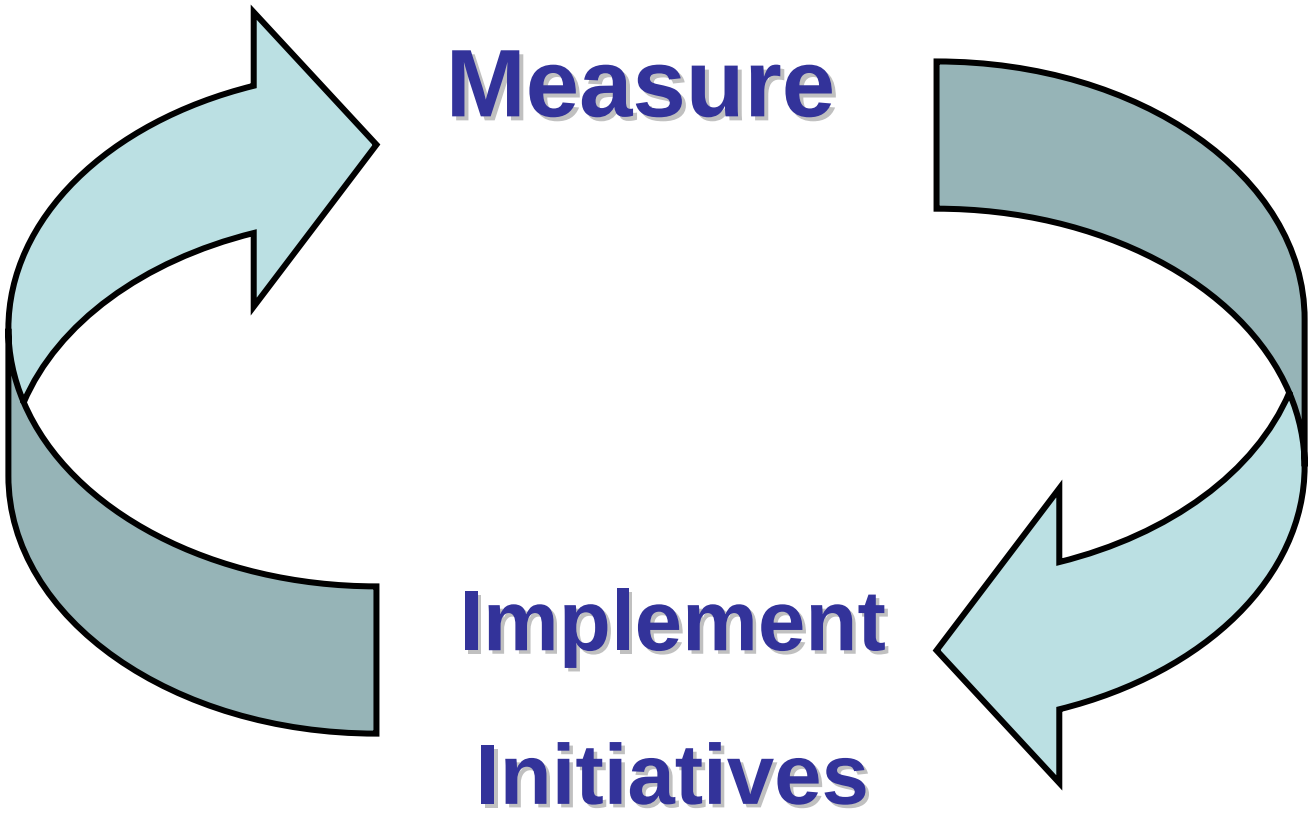
Pyramid model



- Patient -Centered Orientation
  - From large and small initiatives
- Scripting
- Discharge quizzes
- Leadership
- Nursing Ratios
- System redesigns
- Patient & Provider needs

Operational Design

Iterative change process



Premier HCAHPS Pilot Project

Update
December 2004

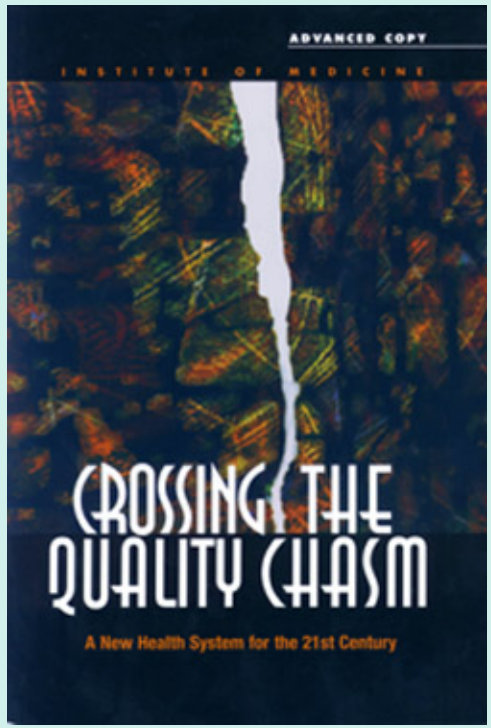
Brad Morton,
Director, Product Management
Healthcare Informatics

About Premier

- A healthcare alliance that operates or is affiliated with over 1,500 hospitals
- Our main goal is to help our members improve clinical and operational performance.

Pressure for better value

- The profession
  - Institute of Medicine Reports
- Business health coalitions
  - Leapfrog Group
  - Midwest Business Group on Health
  - Pacific Business Group on Health
  - Washington Business Group on Health
- Consumerism
  - Healthgrades.com
- Quality “scorecard” movement
  - JCAHO-ORYX
  - NCQA-HEDIS
- Quality “Awards”
  - Solucient Top 100
  - Premier Quality Award



How do we measure quality?

- Clinical quality measures include both *process* and *outcome* indicators
  - Process indicators focus on key activities that evidence suggests are critical to improved outcomes
    - Beta blockers within a prescribed timeframe
    - Administration of antibiotics
  - Outcome indicators focus on the end result of treatment
    - Risk-adjusted mortality
    - Readmission rates
- Patient satisfaction (HCAHPS)
- Safety measures

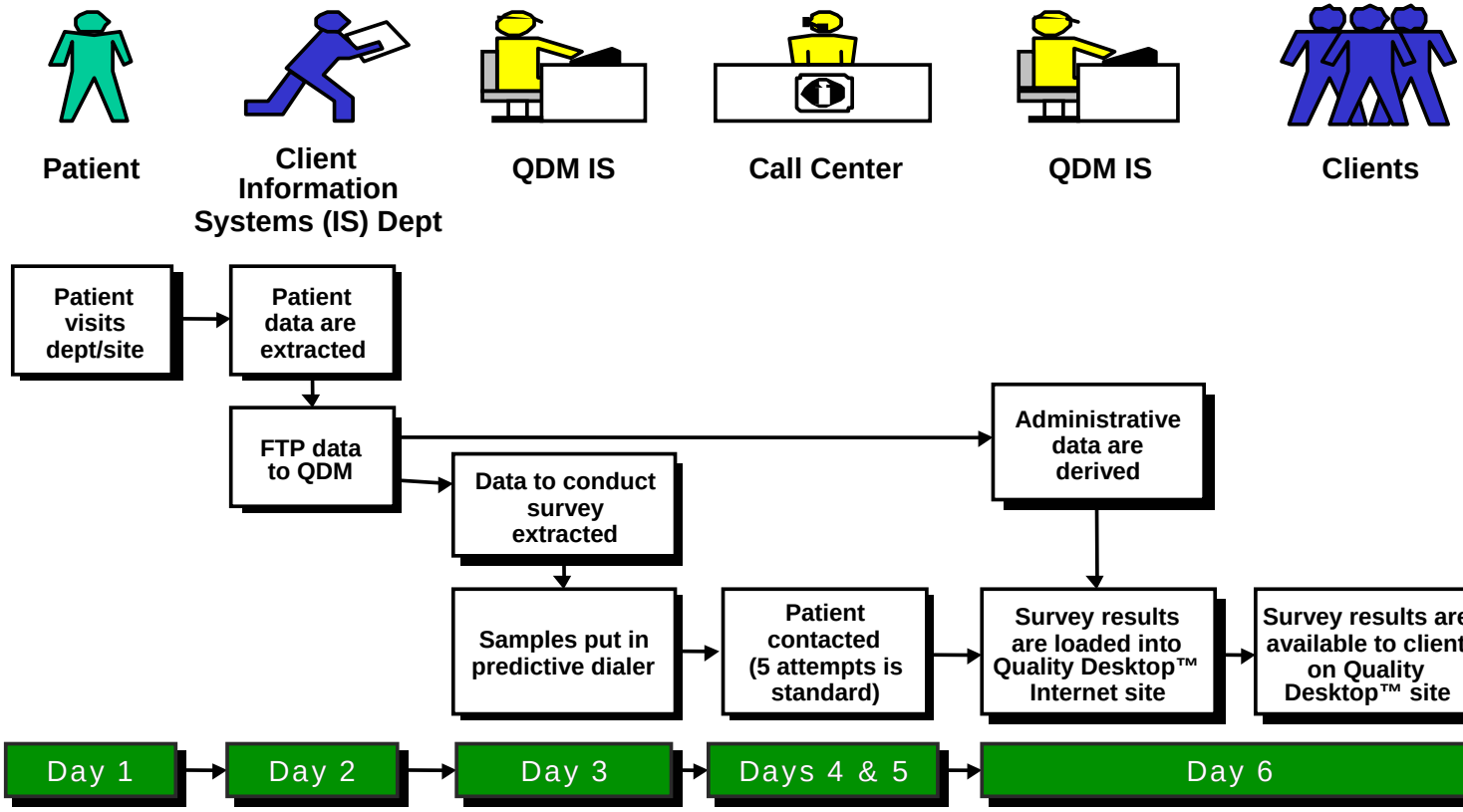
How is this project different?

- The basic objective of HCAHPS is to develop a standardized survey that can be used for high-level, public reporting of patients' experience as to the goodness of care
- This project demonstrates the value and contribution that patient satisfaction makes to quality and process improvement at the department, while meeting the primary objectives of HCAHPS

Pilot Overview

- Six month project ending December 31
- 12 hospitals participating
- Six, eight or ten medical, surgical or OB units studied
- Telephone and IVR – 72 hours post discharge
- Three months of standard HCAHPS survey; three months with drill down questions, verbatims, and additional learning questions
- Continuous Internet based reporting

The HCAHPS Survey Process



Quality Data Management, Inc.

The Findings

- Survey Instrument
  - Need information to support improvement initiatives
  - Participants want both quantitative and qualitative feedback
  - Certain staff will relate better to verbatim comments than numbers
- Survey Administration
  - No difficulty with survey administration
  - Easy to adapt to our standard deployment methods
  - Simultaneous survey data collection was problematic and resulted in exhausting sample for some small work unit areas

The Findings

- Survey Responses
  - Response rates comparable to our current 40-50% response rates
  - Exhausted sample in small departments largely due to attempting to get patients to complete 2 surveys
- Results Reporting
  - All reporting done on the web
  - Reporting done at a work unit level - well liked by participants
  - Real time reporting with results available one week post discharge
  - Valid sample sizes at a work unit level

Recommendations and Thoughts

- Avoid having 2 surveys running simultaneously
- Include open ended verbatims if possible
- Keep survey brief, particularly if it is designed as an “add on”
- Identify learning questions for improvement
- Data analysis occurring in January

Thank you.

Questions, comments?

www.qualitydemo.com

Brad Morton

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